

SERFF Tracking Number:	BEAC-125789832	State:	Arkansas
First Filing Company:	The Employers' Fire Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	2008-WC-AR-RU-496		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/496		

Filing at a Glance

Companies: The Employers' Fire Insurance Company, OneBeacon America Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: BEAC-125789832 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-WC-AR-RU-496

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Linda Jordan-Dow, Sharon Kennedy

Disposition Date: 09/10/2008

Disposition Status: Approved

Effective Date Requested (New): 10/10/2008

Effective Date (New): 10/10/2008

Effective Date Requested (Renewal): 10/10/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers Compensation

Status of Filing in Domicile:

Project Number: 496

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/10/2008

State Status Changed: 09/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing revisions to our Workers Compensation Rule Page for Workers Compensation by adding an option for ten equal payments. This will give insureds an additional option to pay their premium. The new option is described in IR-1 edition Date 07 07. We have amended our installment charge for policies with a total estimated cost under \$10,000 from \$10.00 on each bill to \$6.00 on each bill.

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<i>Project Name/Number:</i>	<i>Workers Compensation/496</i>		

Company and Contact

Filing Contact Information

Linda Jordan-Dow, Senior Compliance Analyst ljordandow@onebeacon.com
 One Beacon Lane (781) 332-7262 [Phone]
 Canton, MA 02021 (617) 725-6888[FAX]

Filing Company Information

The Employers' Fire Insurance Company	CoCode: 20648	State of Domicile: Massachusetts
One Beacon Lane	Group Code: 1129	Company Type:
Canton, MA 02021-1030	Group Name:	State ID Number:
(781) 332-7000 ext. [Phone]	FEIN Number: 04-1288420	

OneBeacon America Insurance Company	CoCode: 20621	State of Domicile: Massachusetts
One Beacon Lane	Group Code: 1129	Company Type:
Canton, MA 02021-1030	Group Name:	State ID Number:
(781) 332-7000 ext. [Phone]	FEIN Number: 04-2475442	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Filing fee for Independent rate filing is \$100.00. This filing is for a Rule filing.

	The filing fee for this filing is \$100.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Employers' Fire Insurance Company	\$0.00	09/10/2008	
OneBeacon America Insurance Company	\$100.00	09/10/2008	22406152

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/10/2008	09/10/2008

SERFF Tracking Number:	BEAC-125789832	State:	Arkansas
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Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/496		

Disposition

Disposition Date: 09/10/2008

Effective Date (New): 10/10/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: BEAC-125789832 State: Arkansas

First Filing Company: The Employers' Fire Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 2008-WC-AR-RU-496

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation/496

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Side by Side Mark up	Approved	Yes
Rate	Rule 1. Installment Payment of Premium	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Rule 1. Installment Payment of Premium	IR-1 07 07	Replacement	IR-1 07 07 .pdf

@vantage For POLICIES
WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INDEPENDENT RULES

Rule 1. Installment Payment of Premium

- A. The following installment payment options are applicable to new and renewal business. The initial policy premium will be payable in full, unless the insured is offered one of the following options to pay the premium in installments:

1. Payment Plans for Annual Policies

a. Annual Plan

This option requires payment of the premium in full on the initial bill with no installments available.

b. 2 Payment Plan

This option requires an initial payment of fifty percent (50%) of the annual premium on the initial billing with one (1) remaining installment of 50% billed in the fourth month of the policy term.

c. 4 Payment Plan

This option requires an initial payment of twenty-five percent (25%) of the annual premium on the initial billing with three (3) remaining installments of 25% each due on the third month, the fifth month and the seventh month of the policy term.

d. 7 Payment Plan

This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance paid over a maximum of six (6) monthly installments for a total of seven (7) payments.

e. 10 Payment Plan

This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance of the premium payable over a maximum of nine (9) monthly payments for a total of ten (10) payments.

f. 10 Equal Payments Plan

This option requires ten equal payments.

g. Electronic Funds Transfer (EFT) *OnTime* Program

This option consists of a "level bill" offering up to twelve (12) monthly installments and is only available to insureds that elect our *OnTime* electronic funds transfer program. We will also offer all of our payment plans on this system. A two (\$2.00) dollar fee may be charged per deduction when this option is chosen.

- 2. NOTE:** If no billing option is selected at issuance of the policy, the payment plan will automatically default to our 10 pay plan (1.e.). Additionally, any deposit received prior to the issuance of a policy will reduce the minimum due on the first (initial) bill. If the policy is late

@vantage For POLICIES
WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INDEPENDENT RULES

entered, the system will bill the number of installments that would have normally been billed at that time.

3. Payment Plan for Semi-Annual Policies

The billing of six (6) month policies will consist of an initial bill of 50% followed by three additional monthly installments. If the policy is late entered, the system will bill the number of installments that would have normally been billed at that time.

B. Installment Charge

1. If an installment payment method is elected by the insured, an installment charge will be added to the minimum due on each bill as follows:

\$ 6.00 for policies with a Total Estimated Cost under \$10,000 at policy inception

\$10.00 for policies with a Total Estimated Cost of \$10,000 or more at policy inception

2. Each installment bill will afford the insured the opportunity to pay the balance of the premium in full and thus eliminate any future installment charges for that policy term.

C. Late Payment Fee

A \$25.00 late payment fee will be charged to an insured's policy every time that a Statutory Notice

of Intent to Cancel is issued in a policy term.

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Product Name: Workers Compensation
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/10/2008

Comments:

Attachment:

P&C Transmittal -Arkansas.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 09/10/2008

Bypass Reason: Not Applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 09/10/2008

Bypass Reason: Not Applicable

Comments:

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 09/10/2008

Comments:

Attachment:

Explanatory Memorandum WC Payment Plan .pdf

Satisfied -Name: Side by Side Mark up **Review Status:** Approved 09/10/2008

Comments:

Attachment:

wc_Payment Plans. 07 07 Mark up doc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	White Mountains Group	1129

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Employers' Fire Insurance Company	MA	1129-20648	04-1288420	
	OneBeacon America Insurance Company	MA	1129-20621	04-2475442	

5.	Company Tracking Number	2008-WC-AR-RU-496
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Linda Jordan-Dow	Senior Compliance Specialist	781-332-7262	877-760-8032	ljordan-dow@onebeacom.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Linda Jordan-Dow

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Workers Compensation
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10/10/08 Renewal: 10/10/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	9/10/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	2008-WC-AR-RU-496
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT
Amount: EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

**Explanatory Memorandum - Rules
Workers Compensation
Ten Pay Equal Payment Plan**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY
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